OPHTHALMOLOGY.

UNDER THE CHARGE OF

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AND

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Sudden Changes of Refraction in Diabetes.—G. SOURDILLE (Nantes) reports the case of a man, aged fifty-three, who had not used glasses until fifty-one, who was passing 187 grammes of sugar in the twenty-four hours. He came complaining of the sudden impairment of sight, which in four days had fallen from normal to one-sixth. Convex lenses of 2 D. restored full vision, and 3 D. added to these enabled him to read the finest print. The ophthalmoscopic appearances were normal, but the tension of the eyeball was slightly diminished. Eighteen days later, the sugar having disappeared from the urine, the patient complained he could no longer see with his glasses. He had full vision without them, and could read the finest print with + 2 D. His hyperopia had entirely disappeared, and the tension of the eyeball was normal.—*La Clinique Ophthalmologique*, May 25, 1900.

[Similar cases have been reported by Horner, Risley, and Doyne. The most probable explanation for them, offered by Horner, and which Sourdille is disposed to accept, is that the removal of water from the vitreous humor by the sugar-laden fluids of the body causes an actual shrinkage of the eyeball and consequent axial hyperopia.—ED.]

Operations for Entropion and Trachiasis.—H. HERBERT (Bombay) reports upon a large experience with these operations in India.

Generally speaking, of late, division of the tarsus from the conjunctival surface has been practised where tarsal deformity was slight or absent, and removal of a horizontal wedge of tissue from the anterior surface was reserved for the more definitely deformed tarsi.

In division of the tarsus the lid-margin was bent forward over a small roll of plaster by sutures firmly embedded in the tarsal margin below and in the skin above; or a more decided bending forward was effected over a pad of wet lint by sutures passing from lid-margin to eyebrow.

In the removal of a horizontal wedge of tarsus and overlying muscle through a skin incision and the application of specially devised sutures, the position of the wedge is important. It should be as near the free margin as possible, *i. e.*, immediately above the roots of the eyelashes. Thus there is a narrow strip of tarsus left below and a comparatively broad plate above, so that, when the anterior surfaces of the two are drawn together, any displacement which may occur will be in the more readily moved and more readily moulded to the narrow marginal strip. The depth of the wedge should be in all cases sufficient completely to divide the tarsus. The breadth of the wedge at its base depends largely on the degree of entropion existing. Not only muscle, but a narrow strip of skin should be cut away in most cases, otherwise it is redundant afterward.

Three simple sutures properly inserted are much more effective than Snellen's sutures. The curved needle is to be introduced a little behind the most posterior lashes, and passed obliquely forward and upward, to be brought out immediately above the lower margin of the skin-wound. Thus the more the trachiasis or distichiasis the further back will the point of entry be, and when the sutures are pulled upon the more will the border of the lid be brought forward. The needle should then be passed into the anterior surface of the upper piece of tarsus well above the cut edge, and brought out again after taking a firm hold; neither skin nor muscle is taken up.—*Ophthalmic Review*, July, 1900.

Treatment of Simple Chronic Glaucoma.—M. Rogman (Gand) reports five cases operated on by iridectomy, and subsequently observed for periods varying from six to twelve years. In two of these one eye was submitted to iridectomy, and the continued use of a myotic was tried in the other. In all cases the experience was favorable to iridectomy. In one of the cases in which one eye was operated on, its vision was retained without further impairment after six years; while the eye submitted to a myotic, although it had been the better of the two, became entirely blind in two years. In the other case the operated eye retained its vision; while the vision of the other slowly deteriorated, until ten years later iridectomy was done on it, and apparently arrested the course of the disease.—*Annales d'Oculistique*, June, 1900.

Glaucoma from Homatropine.—H. Gifford (Omaha) reports a case in which an acute outbreak of glaucoma followed the use of homatropine for the measurement of refraction, in a young lady aged twenty-one. Pain set in a few hours after the use of the drug, so severe that she vomited on getting up, and vision was greatly impaired. When seen at the end of two days the tension was + 1, the media were hazy, and vision was reduced to seeing movements of the hand. When examined with the ophthalmoscope, three days later, retinal hemorrhages were found in both eyes. Vision subsequently improved to 20/70 in one eye and 20/20 in the other. Iridectomy was not done, and glaucomatous attacks continued to occur when not held in check by pilocarpin.

Since this experience, Gifford puts one or two drops of a 1 per cent. eserine solution into every eye, which he has tested under atropine or homatropine, before the patient leaves the office, with instructions to return the next day if the near vision is not entirely normal.—*Ophthalmic Record*, July, 1900.

[This case strongly emphasizes the fact that the danger of provoking an attack of glaucoma by dilating the pupil is not confined to persons who have passed forty or forty-five years of age, and it also emphasizes the importance of carefully investigating as to the presence of glaucoma before using a mydriatic in any case. Gifford does not report the ophthalmoscopic appearances